## U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION 1 of 2

Operator Project:	Postmark:	Date Received:	Notificati	on: 1				
I. TYPE OF NOTIFICATION (O=Original, R=Revised): O								
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)								
OWNER NAME: PORT AUTHORITY OF NEW YORK & NEW JERSEY								
ADDRESS: 241 ERIE STREET								
CITY: JERSEY CITY	STATE: NJ		ZIP CODE:	07310				
CONTACT: MR. RALPH CAMI	PIONE		PHONE:	(201)-595-3400				
REMOVAL CONTRACTOR: ETS CONTRACTING, INC.								
ADDRESS: 160 CLAY ST	REET							
CITY: BROOKLYN	STATE: NY		ZIP CODE:	11222				
CONTACT: RICHIE SMITH			PHONE:	(718) 706-6300				
OTHER OPERATOR:	NOT APPLICABLE							
ADDRESS:								
CITY:	STATE:		ZIP CODE:					
CONTACT:			PHONE:					
III. TYPE OF OPERATION (D=Demo, O=Ordered, R=Renovation) R								
IV. IS ASBESTOS PRESENT?	(yes/no) YES							
V. FACILITY DESCRIPTION	(include building name, number,	floor and/or room number):						
BLDG. NAME: TERMINAL B								
ADDRESS: NEWARK LIBERT	TY INTERNATIONAL AIRPOR	T – 3 BREWSTER ROA	)		***************************************			
CITY: NEWARK	CITY: NEWARK STATE: NJ COUNTY: ESSEX							
SITE LOCATION: CONCOURS	E LEVEL – SATELLITE B-1 –	ADJACENT TO GATE 4	- OPERATION	S LEVEL				
BUILDING SIZE SQ METE	RS: SQ FT: 100,0	000 #OF FLO	OORS: 3	AGE IN YEARS: 70+				
PRESENT USE: TERMINAL		PRIOR U	SE: TERMINA	L				
VI. PROCEDURE, INCLUDIN	G ANALYTICAL METHOD, II	F APPROPRIATE, USED	TO DETECT T	O PRESENCE OF ASBESTO	S MATERIAL:			
SAMPLING AND ANALYS	IS ACCORDING TO EPA APP	ROVED METHODS.						
VII. APPROXIMATE OF RAC		N-FRIABLE ASBESTOS	MATERIAL T	HAT WILL NOT BE REMOV	ED. SPECIFY THE			
AMOUNT OF ASBESTOS	S BELUW:	D. C.		Non-friable Asbestos Mater				
		RACM To Be R	emoved	Category I	Category II			
PIPES – LINEAR FEET		25 LF						
PIPES – LINEAR METERS								
SURFACE AREA – SQUARE FE	EET	2,400	SF					
SURFACE AREA – SQUARE M	ETERS							
VOLUME RACM OFF FACILITY COMPONENT - CUBIC FEET								
VOLUME RACM OFF FACILITY COMPONENT – CUBIC METERS								
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM//DD/YY) START: 9/27/2016 COMPLETION: 11/30/2016								
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: TBD COMPLETION: TBD								

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

ACM HAS BEEN IDENTIFIED AND WILL BE HANDLED ACCORDING TO THE APPLICABLE REGULATIONS.

NAME: TRI-STATE TRANSFER ASSOC., INC. NAME:	WASTE TRANSPORTER #2  NAME:						
ADDRESS: 1199 RANDALL AVENUE ADDRESS:							
CITY: BRONX STATE: NY ZIP CODE: 10474 CITY: STATE: ZIP CODE:							
CONTACT: JIMMY BYRNE PHONE: (718) 617-0771 CONTACT: PHONE:							
WASTE TRANSPORTER #3							
NAME:							
ADDRESS:							
CITY: STATE: ZIP CODE:							
CONTACT: PHONE:							
XIII. WASTE DISPOSAL SITE #1							
NAME: MINERVA ENTERPRISES							
LOCATION: 900 MINERVA ROAD							
CITY: WAYNESBURG, OHIO 44688							
PHONE: 330-866-3435							
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:							
NAME: NOT APPLICABLE TITLE:							
AUTHORITY:							
DATE OF ORDER (MM/DD/YY):  DATE ORDERED TO BEGIN (MM/DD/YY):							
XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE							
DATE AND HOUR OF EMERGENCY (MM/DD/YY):							
DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:							
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:							
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:							
ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDING TO ALL APPLICABLE REGULATIONS.							
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROV <del>ISIONS OF</del> THIS REGULATION (40 CFR. PART 61, SUBPART M) WILL BE ON- SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).							
RICHIE SMITH, ETS CONTRACTING INC.  As Representative For The Owner  Signature of Owner/Operator  Date							
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.							
RICHIE SMITH, ETS CONTRACTING, INC As Representative For The Owner  Signature Of Owner/Operator  Date							

## LETTER OF TRANSMITTAL

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То:	To: US-ENVIRONMENTAL PROTECTION AGENCY		PROTECTION		Date:	9/13/2016	
i <del>.</del>	290 BROADWAY, 21 <sup>ST</sup> FLOOR REGION 2		FLOOR		Re:	TERMINAL "B" – NEWARK LIBERTY INTERNATIONAL AIRPORT – 3 BREWSTER ROAD, NEWARK, NJ – CONCOURSE LEVEL – SATELLITE B-1 - ADJACENT TO GATE 4	
-	NEW YORK, NY 10007		7		,		
-	ATTN: ROSALIE SBERNA		NA		Job#	4600/16	
For Your:			The Following:				
	Recor	nformation d w/Comment	,	□ Samples □ Drawings/Specifications □ Close-Out Package ☑ Other			
O	RIG.	DATE		DE	SCRIPTION		
	2	9/13/2016	ASBESTOS ABATEMENT PROJI	ECT NO	TIFICATIO	7	
Action:  Sign & Return To Our Office  No Action Required Returned For Corrections See Remarks  Remarks:  Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office.  CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED							
ENV		E TO OUR OF		PY WI	ITH ATTAC	HED SELF ADDRESSED AND STAMPED	
					Prepared By: Renata D. Buczek		
				Sent Via: Hand Delivered Over Night FedEx			